



PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	0756-7202
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. RCE 2. 3. 4. 5. 6.
	Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

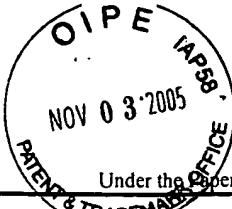
Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	11-1-05

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Type or printed name	Adele M Stamper		
Signature		Date	11-1-05

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FEE TRANSMITTAL FOR FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

Complete if Known

Application Number	10/668,247
Filing Date	September 24, 2003
First Named Inventor	Mitsuaki OSAME et al.
Examiner Name	V. Tan
Group Art Unit	2819
Attorney Docket No.	0756-7202

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

50-2280

Deposit Account Name

Robinson Intellectual Property Law Office

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit overpayments
- Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	300	2001 150 Utility filing fee	
1111	500	2111 250 Search fee	
1311	200	2311 275 Examination fee	
Over 100 Sheets/250 for each additional 50			
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	X \$50	=
Independent Claims	-3** =	X \$200	=
Multiple Dependent		=	

Large Entity Fee Code	Small Entity Fee Code	Fee Description	(\$)
1202	50	2202 25 Claims in excess of 20	
1201	200	2201 100 Independent claims in excess of 3	
1203	360	2203 180 Multiple dependent claim, if not paid	
1204	200	2204 100 ** Reissue independent claims over original patent	
1205	50	2205 25 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge – late filing fee or oath		
1052	50	2052 25 Surcharge – late provisional filing fee or cover sheet		
1053	130	1053 130 Non-English specification		
1812	2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination		
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action		
1251	120	2251 60 Extension for reply within first month		
1252	450	2252 225 Extension for reply within second month		
1253	1020	2253 510 Extension for reply within third month		
1254	1,590	2254 795 Extension for reply within fourth month		
1255	2,160	2255 1080 Extension for reply within fifth month		
1401	500	2401 250 Notice of Appeal		
1402	500	2402 250 Filing a brief in support of an appeal		
1403	1000	2403 500 Request for oral hearing		
1451	1,510	1451 1,510 Petition to institute a public use proceeding		
1452	500	2452 250- Petition to revive – unavoidable		
1453	1,500	2453 750 Petition to revive – unintentional		
1501	1,400	2501 700 Utility issue fee (or reissue)		
1502	800	2502 400 Design issue fee		
1503	1100	2503 550 Plant issue fee		
1462	400	1462 400 Petitions, Group I		
1463	200	1463 200 Petition, Group II		
1464	130	1464 130 Petitions, Group III		
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)		
1806	180	1806 180 Submission of Information Disclosure Stmt		
8021	40	8021 40 Recording each patent assignment per property (times number of properties)		
1809	790	2809 395 Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	790	2810 395 For each additional invention to be examined (37 CFR § 1.29(b))		
1801	790	2801 395 Request for Continued Examination (RCE)		\$790.00
1802	900	1802 900 Request for expedited examination of a design application		
Other fee (specify) Terminal Disclaimer				

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 790.00)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on 11-1-05 *Adam M. Stampen*

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285	Telephone	(571) 434-6789
Signature	<i>[Signature]</i>			Date	11-1-05